

Testimony of U.S. Rep. Jim Ramstad
Before the Education and Labor Subcommittee on Health
In Support of H.R. 1424
July 10, 2007

Chairman Andrews, Ranking Member Kline, distinguished committee members and friends all, thank you for holding this important hearing.

On July 31, 1981, I woke up in a jail cell in Sioux Falls, S.D., under arrest as the result of my last alcoholic blackout.

I'm alive and sober today only because of the access I had to treatment, as well as the grace of God and support of recovering people the past 25 years. I'm living proof that treatment works and recovery is possible.

But too many people don't have access to treatment. It's a national disgrace that 270,000 Americans were denied addiction treatment last year. It's a national tragedy that last year alone, 150,000 of our fellow Americans died from chemical addiction and 34,000 Americans committed suicide from depression. And it's a national crisis that untreated addiction and mental illness cost our economy over \$550 billion last year.

And think of the costs that can't be measured in dollars and cents -- human suffering, broken families, shattered dreams, ruined careers and destroyed lives.

It's time to end the discrimination against people suffering the ravages of mental illness and chemical addiction. It's time to end the higher copayments, deductibles, out-of-pocket costs, and limited treatment stays -- discriminatory barriers to treatment that don't exist for other diseases. According to the GAO, 90 percent of plans impose financial limitations and treatment restrictions on mental health and addiction care that are not imposed on other illnesses. It's time to treat mental illness and chemical addiction under the same rules as other medical illnesses.

The Paul Wellstone Mental Health and Addiction Equity Act will give Americans suffering from addiction greater access to treatment by prohibiting health insurers from placing discriminatory restrictions on treatment.

It will end the discrimination against people who need treatment for mental illness or chemical addiction.

Expanding access to treatment is not only the right thing to do; it's also the cost-effective thing to do. We have all the empirical data, including actuarial studies, to prove that equity for mental health and addiction treatment will save billions of dollars nationally while not raising premiums more than one half of one percent. In other words, for the price of a cheap cup of coffee per month, 16 million people in health plans could receive treatment for their mental illness or chemical addiction.

Furthermore, it's well-documented that every dollar spent on treatment saves up to \$12 in health care and criminal justice costs alone. That does not even take into account savings in social services, lost productivity, absenteeism and injuries in the workplace.

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Let me conclude by repeating as strongly as I can: It's time to end the discrimination against people who need treatment for mental illness and addiction. It's time to prohibit health insurers from placing discriminatory restrictions on treatment. It's time to provide greater access to treatment. It's time to pass the Paul Wellstone Mental Health and Addiction Equity Act.

The American people cannot afford to wait any longer for Congress to act.